



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

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January 20, 2009

Chad Mangum
Access Home Care
190 West Burnside Avenue, Suite E
Chubbuck, Idaho 83202

RE: Access Home Care, Provider #137110

Dear Mr. Mangum:

On January 14, 2009, a follow-up visit of your facility, Access Home Care, was conducted to verify corrections of deficiencies noted during the survey of December 3, 2008.

We were able to determine that the Condition of Participation on Organization, Services & Administration (42 CFR 484.14) and Acceptance of Patients, POC, Med Super (42 CFR 484.18) is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed, along with a full Home Health license. This license is effective January 14, 2009 through December 31, 2009.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208)334-6626.

Sincerely,

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/mlw